

## Letters

### FLIGHT, THEN FIGHT

"Psychological first aid: emergency care for terrorism and disaster survivors" (CURRENT PSYCHIATRY, May 2004, p. 12-23) touches on flight, fight, and fright as human reactions to disaster.

Since the Sept. 11, 2001 terrorist attacks, medical professionals have become much more interested in the immediate adverse effects of extreme acute stress and humans' instinctual response to disaster. "Fight or flight," a widely used catchphrase, has influenced the understanding and expectations of clinicians and patients for decades.

"Fight or flight," however, does not reflect the many advances in understanding acute response to stress that have occurred since the phrase was coined in 1929.<sup>1</sup> Indeed, as we note in two soon-to-be-published articles,<sup>2,3</sup> the phrase is no longer accurate.

Gray described the correct sequence of universal hardwired responses to extreme stress caused by a life-threatening situation.<sup>4</sup> Ethologists working with nonhuman primates have clearly established that sequence.

In all mammalian species studied, the urge to flee is the first normative fear response. If fleeing is not an option, the impulse to fight follows. Male and female mammals have demonstrated this response sequence. The belief that man's first instinct is to fight is probably a misconception.

Thus, "flight or fight" is the proper order of responses. Recognizing this order may help us more effectively treat acute stress in emergency and other clinical settings. Understanding these responses as instinct might also help us ameliorate

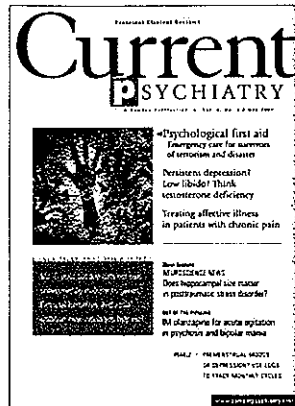
the guilt that plagues many military veterans who wonder why they fled rather than put up a fight.

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### References

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2. Bracha HS. Freeze-flight-fight-fright-faint: Adaptationist perspective on the acute stress response spectrum. *CNS Spectrums* 2004. In press.
3. Bracha HS, Williams AE, Ralston TC, et al. "Fight or flight": Does this 75 year-old term need updating? *Psychosomatics* 2004. In press.
4. Gray JA. *The psychology of fear and stress* (2nd ed). New York: Cambridge University Press, 1988.

### 'GUIDELINES' VS. 'RULES'

The Texas Medication Algorithms (CURRENT PSYCHIATRY, February 2004, p. 22-40) have been most useful to our practice.

When the algorithms arrived in 2000, our peer reviewer (not a physician) tried to classify them under "treatment rules." We had some difficulty getting everyone to understand that these are "guidelines," which encourage individual patient decisions, rather than "rules," which mandate treatment based on "cookbook recipes."

With this understanding, though, the algorithms have been beneficial and we look forward to the revisions.

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continued on page 72